



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name D.H. Melator				Location 2002 Oswego ST				Date 3/29/87															
Facility Equipment	Detax Clock 1	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other Keys Log Book + Phone																		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.						Officer—Day Shift (Name) Kenneth Kelly Shift Began 8 AM PM Ended 4 AM PM			Officer—Swing Shift (Name) R. Dealing Shift Began 4 AM PM Ended 12 PM			Officer—Grave Shift (Name) Dick Kokozki Shift Began 12 AM PM Ended 8 AM PM													
Observations or actions taken		Yes	No	Explanation		Yes	No	Explanation		Yes	No	Explanation													
Rounds or stations missed			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Unlocked doors, gates or windows			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Unlocked vaults or safes			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Fire-smoke-or hazards			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
1. Extinguishers missing or defective			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
2. Sprinkler system defective			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
3. Fire doors or exits blocked			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
4. Rubbish accumulation			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
5. Motors running			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
6. Lights left burning			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		As needed			<input checked="" type="checkbox"/>														
Injury hazards			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>														
Visitors EPA Perry 2			<input checked="" type="checkbox"/>	2 other men on site		<input checked="" type="checkbox"/>		See Below			<input checked="" type="checkbox"/>														
Trespassing			<input checked="" type="checkbox"/>	site			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Violation of company rules			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>														
Remarks																									
AUTO ACCIDENT BY FRONT GATE ON ARTERIAL OSWEGO ST. CALLED AND REPORTED IT TO POLICE ABOUT 1:15 AM. (K) EPA Perry, 2 other men on site they said they will be for awhile. 1620 EPA men LEFT SITE (K)																									
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																									
1. Were you injured during this tour?		Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	1.	Yes	No	2.	Yes	No	3.	Grave Shift	1.	Yes	No	2.	Yes	No	3.
		Yes	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No
2. Did you suffer any illness?		Yes	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No
3. Have you reported all accidents coming to your attention?		Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No	Yes	<input checked="" type="checkbox"/>	No
Signatures		Day Shift	1.	Kenneth Kelly						Swing Shift	1.	R. Dealing						Grave Shift	1.	Dick Kokozki					
Signatures		2.							2.							2.									
Signatures		3.							3.							3.									

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